

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>7/23/02</u>		2 Serial/Patent # <u>10/099,781</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
X	Petition	3	5/29/02	\$ 130.00						
X	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ 130.00						
10 REASON:		8 TO BE REFUNDED BY:								
	Overpayment	Treasury Check								
	Duplicate Payment	Credit Deposit A/C #:								
X	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">11</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">0</td></tr></table>			11	--	1	4	1	0
11	--	1	4	1	0					
<div style="font-size: 1.2em; font-family: cursive;">Process claim - no drug reg for a filing date</div>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>E. Shvane Miller</u>		TITLE: <u>Petitions Attorney</u>								
SIGNATURE: <u>E. Shvane Miller</u>		PHONE: <u>308-6712</u>								
OFFICE: <u>Office of Patents</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Alvira Kelly</u>		DATE: <u>8/7/02</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: